

## **VA/DoD Clinical Practice Guideline for Ischemic Heart Disease (IHD) - Module A Key Points**

### **ACUTE MYOCARDIAL INFARCTION (ST-SEGMENT ELEVATION MI)**

For patients who meet criteria for **emergent reperfusion therapy**

- Admit to an intensive care unit or transfer to facility with interventional cardiology for emergent reperfusion as indicated
- Initiate heparin, low-molecular weight heparin, or coumadin, if indicated
- Initiate IV beta-blocker followed by oral
- Initiate ACE inhibitor therapy in the absence of contraindications

*If less than 12 hours from onset of symptoms:*

- ◊ **Refer to PCI if intervention can be performed within 90 minutes of presentation**
- ◊ **Initiate thrombolytic therapy if not contraindicated and not referred for direct PCI**
- ◊ **Refer to PCI if thrombolytic therapy is contraindicated or response to thrombolysis is unsatisfactory.**
- Consider non-invasive evaluation (cardiac stress test).
- Refer to cardiology if at high-risk for death or recurrent MI and/or LV dysfunction
- Ensure pharmacological therapy for ischemia, angina, and CHF
- Discharge patient to home with appropriate follow-up



*Module A will be revised Spring 2004 following ACC/AHA revision of STEMI guideline.*

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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